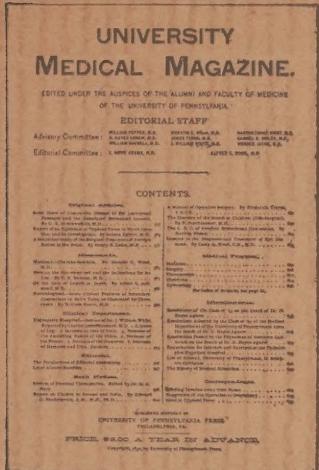


# Daland (Judson)

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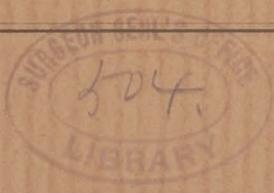


APRIL, 1893

## HYPNOTICAL SEIZURES RELIEVED BY HYPNOTIC SUGGESTION.

BY JUDSON DALAND, M.D.,

Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital, and to the Rush Hospital for Consumptives, Philadelphia.







## HYSERICAL SEIZURES RELIEVED BY HYPNOTIC SUGGESTION.<sup>1</sup>

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Instructor in Clinical Medicine, and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Physician to the University Hospital; Physician to the Philadelphia Hospital, and to the Rush Hospital for Consumptives, Philadelphia.

THE case that I wish to report this evening occurred in an unmarried woman, aged 18, living in the city. She says that her mother is living and well, and that her father died from an accident. She has no brothers nor sisters. As a child she suffered each winter from tonsillitis. At the age of 13 she had pneumonia, and later an attack of measles. At the time of teething there were no convulsions. She was always excitable, and invariably fainted at the sight of blood. Menstruation began at the age of 10½ years; at first irregular, sometimes occurring but once in two months, and at other times every three weeks. The pain was so great during the first two days of menstruation that she has been compelled to go to bed. The quantity of blood lost was considerable, and menstruation usually lasted ten or twelve days. She states that during the last six months she has frequently suffered from belching after eating; occasionally there is vomiting, and often she is attacked with convulsive movements and unconsciousness immediately after taking food. The matters vomited were acid, and bitter to the taste. Occasionally before and after menstruation the breath is fetid. She averages two movements of the bowels weekly.

On March 29, 1892, at 7 P.M., the first attack occurred, following a vomiting spell. She fell from the chair to the floor entirely unconscious; the face was white, but there was no convulsive movement, and

<sup>1</sup> Read before the Philadelphia Neurological Society, January 23, 1893.

the entire attack lasted ten minutes. She had no recollection of the attack, but felt as if she had fainted. During the day there was nausea and the appetite was impaired.

The second seizure occurred six days afterward, and in falling she bruised her arm severely. This attack was like the first, but lasted one hour.

Four days later a third attack occurred, which was similar to the first. They have occurred as often as seven times in a day, and average one daily. She has noticed that fright is able to induce a paroxysm.

Her attending physician, Dr. W. E. Robertson, witnessed one of these seizures, and gave me the following description :

He found her in opisthotonus. This was followed by convulsive movements, especially of the diaphragm, accompanied by borborygmi. She remained unconscious twenty minutes. Anesthesia was complete, and the introduction of pins under the nails produced no evidence of pain. The expression of the face was normal ; the pupils were equal and of average size, and varied with respiration ; from time to time there were strong efforts to vomit. In none of these attacks did she bite the tongue, and on one occasion she described a vision that occurred to her.

She was hypnotized on September 6 by holding a laryngeal mirror nine inches from the eyes on a horizontal level, by the aid of which light was reflected from a student's lamp. Somnambulism was produced in four minutes. In three minutes the eyelids dropped in the ordinary manner, and complete hypnosis was secured in four minutes. Immediately before the hypnotic state was secured the pupils rapidly dilated and contracted. At first the sleep was slight, but upon suggestion it became profound. Upon raising the right arm, after momentary hesitation it dropped completely relaxed, as did the right. The suggestion was then made that the left arm was paralyzed and that the skin on the dorsum of the left hand was anesthetic. Puncturing the skin produced no objective sign of pain, and the patient said that no pain was experienced, whereas, when the corresponding cutaneous surface of the right hand was punctured, the hand was immediately withdrawn, and pain was complained of. She was then commanded to raise the left arm, which was impossible ; when commanded to raise the right arm this act was performed immediately. She was then told that upon awakening she would again become somnambulistic upon gazing into the eyes of the operator, which was accomplished. Finally it was suggested that no attack occur until the following Friday at 9 A.M., when she was again to be hypnotized. The following Friday she was hypnotized in the same manner in three minutes, and the same phenomena were reproduced. Again the suggestion was made that no attacks would occur

until the following Friday. She came as had been agreed upon, but I was called away unexpectedly. She reported that upon entering the office she felt a peculiar, indescribable sensation like that experienced when in hypnotism. She returned the following Friday, but I was still at the Swinburne Island Hospital, and again she experienced the same sensation.

On October 1, or fifteen days after the last hypnotism, she had a seizure excited by a quarrel with one of her relatives. On the succeeding day she had two attacks, which were induced by a great disappointment. This statement was made on October 6, and when hypnotism began it was obvious that she was endeavoring to resist, but she became somnambulistic in less than four minutes. Her pulse was 132 per minute. No suggestions were made, but when sensation was tested it was found normal, with the exception of the skin on the left hand, which was completely anesthetic. The left arm was in a condition of paralysis, but the other muscles responded readily to the will.

It should be remembered that this paralysis of motion and sensation in the left arm and hand was suggested at the first hypnotism, and that they occurred voluntarily at this meeting. It was then suggested that the following morning at 10 o'clock she would write a letter describing her condition, which she did, and a second suggestion was made that in five minutes after awakening she would complain of intense pain in the left ear, which would last but one minute. This was also successful.

On October 14 she was again hypnotized with the same results. After each hypnotism she expressed herself as feeling stronger and better. Two days before she was hypnotized by Dr. Robertson, and remained in that condition twenty minutes. Every suggestion was obeyed, and she presented the same phenomena regarding the left arm and hand as has been previously narrated. This same member was rendered cataleptic by suggestion, and she was informed that two minutes after she awoke she would not be able to see anything for thirty seconds. At the expiration of two minutes she complained that she could not see, and attributed it to the glasses that she wore.

There has been no hysterical seizure since October 1, and she considers herself in good health.

To-day, January 23, she called and stated that she had had two very slight attacks, from which she fell to the ground, but was perfectly conscious, and she also says that the attacks were totally different from the original attacks. They were superinduced in each case by severe gastric irritation. She was hypnotized in less than two minutes, and presented the same phenomena, and also obeyed a post-hypnotic suggestion.





